FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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| OMB APP | ROVAL |
|-----------------|--------------|
| OMB Number: | 3235-0076 |
| Expires: | May 31, 2005 |
| Estimated avera | ige burden |
| hours per respo | nse 16.00 |
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| SEC U | SE ONLY |
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| Prefix | Serial |
| | |
| DATE F | RECEIVED |
| 1 | i |

| Name of Offering (Check if this is an amendment and name has changed, and indicate change.) | |
|---|--|
| Eller Industries, Inc. | |
| Filing Under (Check box(es) that apply): | ULOE RECEIVED RECEIVED |
| A. BASIC IDENTIFICATION DATA | DEC = |
| 1. Enter the information requested about the issuer | 5 2004 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Eller Industries, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 1630 Main St., #202, Longmont, CO 80501 | 303.682.8890 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) n/a |
| n/a Brief Description of Business | 117 4 |
| Provide services and products relating to wirel internet access. Type of Business Organization | ess broadband |
| corporation limited partnership, already formed other (p | clease specify): PROCES |
| Month Year Actual or Estimated Date of Incorporation or Organization: TO BIB F Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | |
| GENERAL INSTRUCTIONS | PINANCIAL |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6). | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20 | 549. |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures. | y signed. Any copies not manually signed must be |
| Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information proviously suppling the filed with the SEC. | |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the s are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed. | Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall |
| ATTENTION- | |
| Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unlefilling of a federal notice. | |

| A BASIC DENTIFICATION DATA | | | | |
|---|--------|--------------|--------|---------------------------------------|
| 2. Enter the information requested for the following: | | | | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of | £, 10% | 6 or more of | a clas | s of equity securities of the issuer. |
| Each executive officer and director of corporate issuers and of corporate general and management | ging I | partners of | partne | rship issuers; and |
| Each general and managing partner of partnership issuers. | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | K | Director | | General and/or Managing Partner |
| Full Name (Last name first, if individual) Jewell, Terry | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | |
| 1630 Main St., Suite 202: Longmont CO 80501 | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | X | Director | | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Olson, Ronald | · | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | |
| 1630 Main St., Suite 202, Longmont CO 80501 | A4- | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | X | Director | U | General and/or Managing Partner |
| Full Name (Last name first, if individual) Jewell, Allison | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | |
| 1630 Main St., Suite 202, Longmont CO 80501 | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | X | Director | | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Barbour, Michael | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1630 Main St., Suite 202, Longmont, CO 80501 | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if individual) Labriola, Leonard | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 1630 Main St., Suite 202, Longmont CO 80501 | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | * |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | |

| | | S. 18 (18) | (1) Sept 10 (1) 14 | | | FORMATI | ON WHOL | OLLERIC | IG (| 100 | | | 第16条条件 |
|---|--|---|---|--------------------------------|-------------------------------------|---------------------------------------|--|----------------------|---|----------------------|--|----------------------|----------------|
| 1. | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | | | Yes | No □ |
| | | | , | | | Appendix, | | | | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -8-1 | يدا |
| 2. | What is | the minim | um investm | | | •• | | • | | | | s_10 | 0.00 |
| | | | | | | | | | | | | Yes | No |
| 3. 4. | | | permit joint | | | | | | | | | Ū X | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering if a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | ; | |
| Ful | l Name (| Last name | first, if indi | , | No. 1 - | -14 | | | | | · | - · · · · | |
| Not Applicable Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | | |
| Du, | 3111033 01 | ACSIGOROC. | 11001035 (11 | idition and | ouce, c | cy, Giau., 2 | ip Code) | | | | | | |
| Naz | me of Ass | sociated Br | oker or De | alcr | | | | | | | | | |
| Sta | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit I | Purchasers | | | | | | |
| | (Check | "All States | or check | individual | States) | · · · · · · · · · · · · · · · · · · · | ······································ | | | | ······ | □ A) | States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | [FL] | GA | HI | ID |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK) | OR I | PA |
| | RI | (SC) | SD | [TN] | TX | [UT] | [VT] | VA] | WA | [WV] | [WI] | WY | [PR] |
| Ful | l Name (| Last name | first, if indi | ividual) | | | | | | | | | |
| Bu | siness or | Residence | Address (1 | Number an | d Street, C | ity, State, 2 | Zip Code) | | / = /** · · · · · · · · · · · · · · · · · · | | | | |
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| IA ST | | sociated Bi | ORCH OF DO | | | | | | | | | | |
| | tes in Wi | nich Person | Listed Has | | | | | | | | | | |
| | tes in Wi | nich Person | | | | | | | ************* | | | | l States |
| | tes in Wi | nich Person "All States [AK] | Listed Has | | | | | | DC | FL | GA | HI | D |
| | tes in Wi (Check AL | AK | Listed Has s" or check AZ IA | individual | CA KY | (CO) [LA] | CT ME | DE MD | DC MA | FL | GA MN | HI | ID MO |
| | tes in Wi (Check AL IL MT | nich Person "All States [AK] [IN] | Listed Has " or check AZ IA | individual AR KS NH | CA KY NJ | CO LA NM | CT ME NY | DE MD NC | DC MA ND | FL MI OH | GA MN OK | HI MS OR | MO PA |
| Sta | tes in Wi (Check AL IL MT) | AK NE | AZ IA NV SD | AR KS NH TN | CA KY | (CO) [LA] | CT ME | DE MD | DC MA | FL | GA MN | HI | ID MO |
| Sta | tes in Wi (Check AL IL MT) | AK NE | Listed Has " or check AZ IA | AR KS NH TN | CA KY NJ | CO LA NM | CT ME NY | DE MD NC | DC MA ND | FL MI OH | GA MN OK | HI MS OR | MO PA |
| Sta | (Check AL IL MT) RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN ividual | CA KX NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC | DC MA ND | FL MI OH | GA MN OK | HI MS OR | MO PA |
| Sta Ful Bu | (Check AL IL MT) RI II Name (| AK IN NE SC | Listed Hases or check AZ IA NV SD first, if ind | AR KS NH TN ividual) | CA KX NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC | DC MA ND | FL MI OH | GA MN OK | HI MS OR | MO PA |
| Ful Bu | (Check AL IL MT RI II Name (siness of | AK IN NE SC Last name | Listed Has or check AZ IA NV SD first, if index | AR KS NH TN ividual) | CA KY NJ TX d Street, C | CO [LA] [NM] [UT] | CT ME NY VT | DE MD NC VA | DC MA ND | FL MI OH | GA MN OK | HI MS OR | MO PA |
| Ful Bu | (Check AL IL MT) RI II Name (siness of the after in Witters in Wi | AK IN NE SC Last name Residence sociated Behich Person | Listed Has " or check AZ IA NV SD first, if index Address (1) | AR KS NH TN ividual) Number an | CA KX NJ TX d Street, C | CO LA NM UT City, State, | CT ME NY VT Zip Code) | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OX WI | HI MS OR WY | MO PA |
| Ful Bu | (Check AL IL MT) RI II Name (siness of the after in Witters in Wi | AK IN NE SC Last name Residence sociated Behich Person | Listed Hases or check AZ IA NV SD first, if indee Address (I | AR KS NH TN ividual) Number an | CA KX NJ TX d Street, C | CO LA NM UT City, State, | CT ME NY VT Zip Code) | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OX WI | HI MS OR WY | MO PA PR |
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box in and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | • | | | |
|----|--|-----------------------|--|--|---------------|
| | Type of Security | Aggrega Offering P | | Amount Alr Sold | • |
| | Debt | -0- | | s -0 | - |
| | Equity | | 00 | \$ 751,7 | 50 |
| | ☐ Common ☐ Preferred | -0- | ·• · · · · · · · · · · · · · · · · · · | -0 | _ |
| | Convertible Securities (including warrants) | | | s | |
| | Partnership Interests | | | s -0 | |
| | Other (Specify) | | | <u> </u> | |
| | Total | \$000,0 | 00_ | \$ <u>751,7</u> | 30 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors | Number Investor | | Aggrego Dollar Am of Purcha \$330,0 | iount ises |
| | | | | \$421,7 | |
| | Non-accredited Investors | | | \$751,7 | |
| | Total (for filings under Rule 504 only) | | | 8 <u>/79/6///</u> | <u> </u> |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | | |
| | Not applicable Type of Offering | Type o Security | | Dollar An Sold | nount |
| | Rule 505 | · | | \$ | |
| | Regulation A | | | \$ | |
| | Rule 504 | · | | \$ | |
| | Total | | | \$ | |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | : . | | | |
| | Transfer Agent's Fees | | | s 1,000 | |
| | Printing and Engraving Costs | | | s250 |) |
| | Legal Fees | | | s 1,050 |) |
| | Accounting Pees | | | s <u>-0-</u> | |
| | Engineering Fees | | | s -0- | |
| | Sales Commissions (specify finders' fees separately) | | | s <u>-0-</u> | - |
| | Other Expenses (identify) | | П | s -0- | |
| | Total | | | \$ 2,300 |) |
| | | | | | |

| | C. Offering Price, number of investors, expenses and use of i | ROCKLDS | | 3 |
|-----|--|---|-----------------------|-------|
| | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | | \$ | 9,450 |
| 5. | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. | | | |
| | (for 12-month period) | Payments to Officers, Directors, & Affiliates | Payments to Others | , |
| | • | U\$ | □ \$480,000 | _ |
| | Purchase of real estate |]\$ <u>-0-</u> | □ \$ <u>-0-</u> | |
| | Purchase, rental or leasing and installation of machinery and equipment | ¬\$0- | □\$0- | _ |
| | Construction or leasing of plant buildings and facilities (12-month period) | | s 48,000 | 2 |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | □s -0- | ⊓s -0- | |
| | Repayment of indebtedness | s 100,000 | 0 <u> </u> | _ |
| | Working capital | _s0- | \$ 121,45 | 50 |
| | Other (specify): | | □ \$ <u>-0-</u> | _ |
| | | _so_ | | |
| | Column Totals | s 100,000 | 0 s 649,4 | 50 |
| | Total Payments Listed (column totals added) | □\$ <u>7</u> 4 | 49,450 | |
| Ş | D federal signature | | | |
| sìg | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notic mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commi information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of | ssion, upon writte | | |
| | uer (Print or Type) Ler Industries, Inc. Signature B. Mary B. | Date December | 8, 2004 | _ |
| | me of Signer (Print or Type) Donald Olson Title of Signer (Print or Type) President/Chief Execut | ive Offic | cer | _ |

- ATTENTION -

Intentional misstalements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification | Yes | No |
|------------|---|------------|-------------|
| | provisions of such rule? | | X |
| | See Appendix, Column 5, for state response. | | |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is D (17 CFR 239.500) at such times as required by state law. | filed a no | tice on For |
| 3 . | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees. | tion furn | ished by t |
| | | | |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be er limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer classified of this exemption has the burden of establishing that these conditions have been satisfied. | | |
| | | | |

Title (Print or Type)

President/Chief Executive Officer

Instruction:

Name (Print or Type)

Ronald Olson

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| Intend to sell to non-accredited investors in State (Part B-Item 1) State Yes No Number of Accredited Investors A | APPENDIX | | | | | | | | | | | | |
|--|---|---|---------|-------------------------------|------------|---|------------------------------------|--------------------------------|----------|-------|--|--|--|
| State Yes No | 5 qualification r State ULOE yes, attach lanation of ver granted) t E-Item 1) | Disqual under Sta (if yes, explana waiver | | investor and rchased in State | amount pur | Type of security and aggregate offering price offered in state | to sell ccredited s in State | Intend to non-a investor | 1 | | | | |
| AK | s No | Yes | Amount | Non-Accredited | Amount | Accredited | | Na | Yes | State | | | |
| AZ | | | | | | | | | | AL | | | |
| AR CA CO X Common stock 8 330,000 28 421,750 CT | | | | | | | | | | AK | | | |
| CA | | | | | | | | | | AZ | | | |
| CO X \$ \$0.20 8 330,000 28 421,750 | | | | | | | | | | AR | | | |
| CT DE DC Image: Control of the co | | | | | | | | | | CA | | | |
| CT DE DC Image: Control of the co | | | 421,750 | 28 | 330,000 | ск 8_ | common sto \$0.20 | | Х | СО | | | |
| DC | | | | | | | | | | CT | | | |
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| KS KY LA | | | | | | | | | | IN | | | |
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| LA ME MD MA MA | | | | | | | · | | | KS | | | |
| ME MD MA MA | | | | | | | | | | KY | | | |
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| MA | | | | | | | | | | ME | | | |
| The state of the s | | | | | | | | | | MD | | | |
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| MN | | | | | | | : | | | MN | | | |
| MS | | | | | | | | | | MS | | | |

NOT APPLICABLE

APPENDIX 1 2 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell explanation of offering price to non-accredited Type of investor and offered in state amount purchased in State waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Investors No State Yes No Amount Amount Yes MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN ΤX UT ۷Ţ VA WA wv WI

NOT APPLICABLE

| 1 | to non-a | 2 I to sell accredited is in State I-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | attach attach attach atton of granted) |
|-------|----------|--|--|--------------------------------------|---|--|--------|-----|--|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | | | | | | | | |
| PR | | | | | | | | | |